

# STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 2 4 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

#### PLEASE PRINT

| I. Name of Lobbyist(s) Elizabeth C. Sargent                         |   |  |   |                     |  |  |
|---|---|--|---|---------------------|--|--|
| II. Name of lobbyist  | s partnership, firm or corp                                   | oration, if any:   |   |                     |  |  |
| Sheehan Phinney   | Capitol Group   |  |   |                     |  |  |
| (Nai  | me of partnership, firm or cor                                | poration)  |   | <del></del>         |  |  |
| Two Eagle Square  | Conc  | ord  | NH  | 03301               |  |  |
| Business Address: (S  | Street) (Town   | n/City)  | (State)   | (Zip Code)          |  |  |
|   |   |  |   |                     |  |  |
| (603) <u>228-2370</u><br>(Telepho                                   | (603) <u>224-889</u>  | (Fax) cmail  | esargent@sheehan.com  | <del></del>         |  |  |
| (Telepho  | nic)  | (I ax)   |   |                     |  |  |
|   | overs: (Choose one – file se<br>ransactions which are not a   | -  | ient, OR you may file a separ   | rate report for     |  |  |
| •   |   | •  | •   | aliant:             |  |  |
|   | insactions occurring in the me                                | onths prior to the reporting                             | date relative to the following  | Silcit.             |  |  |
| New Hampshire S   | Society of Health Systen                                      | n Pharmacists, Inc.                                      |   |                     |  |  |
| OB  | (Full Name of Client  | as it appears on the Lobby                               | vist Registration Form)   |                     |  |  |
| OR<br>☐ All reportable tre<br>unrelated to any parts                |   | cluding the lobbyist's fami                              | ly), or the lobbying firm listed  | below which are     |  |  |
| IV. Date of Report  | April 24, 2019 🛛  | July   | 31, 2019  |                     |  |  |
|   | ity from date of registration.                                | to 3/31/19 activity fro                                  | m 4/1/19 to 6/30/19   |                     |  |  |
|   | October 30, 2019  |  | uary 29, 2020   om 10/1/19 to 12/31/19  |                     |  |  |
| a   | ctivity from 7/1/19 to 9/30/19                                | activity jr  | )M 10/1/19 to 12/31/19  |                     |  |  |
| V. There have been<br>If this box is checked,<br>Concord, NH 03301. | no fees received and no repe<br>complete just this form and s | ortable transactions mad<br>submit it to the Secretary o | e since the last report.<br>f State's Office, State House, R                              | Coom 204,           |  |  |
| If you have If you have Expense Reimbursem                          | paid an honorarium or reimb                                   | ursed expenses, you must                                 | endum A- Fees and Expenses<br>file Addendum B- Report of I<br>you must file Addendum C- P | Honorariums or      |  |  |
| I have read RSA 15, the best of my knowledge                        | edge and belief.  | nereby swear or affirm tha                               | t the foregoing information is t  | rue and complete to |  |  |
| Eliabeth  | Cargant   | A  | pril 24, 2019   |                     |  |  |
| (Signature of lobbyis   | it)   | _ =  | (Date)  |                     |  |  |
| Elizabeth C. Sarg<br>(Print Name of lobby                           |   | _  |   |                     |  |  |



### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| •     | I. Name of Lobbyist(s) Elizabeth C. Sargent  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|
| _<br> | II. Name of lobbyist's partnership, firm or corporation, if any:   |  |  |  |  |  |  |
|       | Sh   | eehan Phinney Capitol Group (Name of partnership, firm or corporation)  Name of Client New Hampshire Society of Health System Pharmacists, Inc. Date April 24, 2019  |  |  |  |  |  |
| )     | 111.   |  |  |  |  |  |  |
| ₹     |  |  |  |  |  |  |  |
| Ţ     | IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying including fees for services such as public advocacy, government relations, or public relations services including research monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses: |  |  |  |  |  |  |
|       | a)   | Total of all fees received in this reporting period  | a) \$ <u>3,000.00</u>  |  |  |  |  |
|       | b)   | Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year   | b) \$ 0.00   |  |  |  |  |
|       | c)   | Total of all fees received to date (Add lines a and b)   | c) \$ 3,000.00   |  |  |  |  |
|       | d)   | Indicate the amount of any such fees that are due, but have not yet been paid  | l d) \$  |  |  |  |  |
|       | Lob<br>repo<br>unre<br>cate<br>and<br>mea<br>give<br>less<br>any<br>to b   | Expenses: obyist(s)/Lobbying partnerships, firms, or corporations are required to report orts are to be filed for expenditures made relative to each client and if expendented to any one client a separate report may be filed for the lobbyist(s)/figures of expenses: (a) the aggregate total of all expenses paid during the report of the lobbyist of expenses; (b) the aggregate total of all individual expenses where the als purchased during a business lunch where the cost was \$25.00 or less, purchent to the person being lobbied, purchase of a ceremonial object given to a stip, and (c) an itemized statement of each individual expenditure made during a purpose not covered by (a) (for example: purchase of a meal with value of going given to the subject of lobbying with a value greater than \$25, but not great eption). Expenses for honorariums, expense reimbursement, or political control is should not be reported on Addendum A. | aditures are made by the lobbyist(s)/firm that are rm. Expenses are to be reported in one of three porting period for salaries, benefits, support staff, expenditure was of \$25.00 or less (for example: hase of a pen with a value of less than \$10 that is person being lobbied with a value of \$25.00 or 3 this reporting period of greater than \$25.00 for greater than \$25, purchase of a ceremonial object ter than \$50, restaurant expenses for a legislative |  |  |  |  |
|       | a)   | Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.   | a) \$ <u>5,906.00</u>  |  |  |  |  |
|       | b)   | Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.   | b) \$  |  |  |  |  |
|       | c)   | Total of all itemized expenditures reported in detail in section VI.   | c) \$  |  |  |  |  |

| d)   | Total expenses for this reporting period (Add lines a, b and c)   | d) \$ <u>5,906.00</u>                    |
|------|---|--|
| c)   | Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | c) \$ <u>0.00</u>                        |
| f)   | Total of all expenses year to date  | F) \$ 5,906.00                           |
| Pro  | Other Expenses: vide the following detail for all expenditures of more than \$25 made from lob uding by whom paid or to whom charged.                 | bying fees during this reporting period, |
| Paid | <del>1</del> :  | Amount:                                  |
| _    |   | \$                                       |
|      |   | \$                                       |
|      |   | <b>\$</b>                                |
|      |   | \$                                       |
|      | <del></del>   | s  |
|      |   | \$                                       |
|      |   |  |
|      |   |  |
| Swo  | orn Statement/Affirmation by Lobbyist   |  |
|      | ve read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the ue and complete to the best of my knowledge and belief.                      | foregoing information                    |
| ٤    | Gabeth Claycent April   | 24, 2019                                 |
| (Sig | nature of lobbyist)   | (Date)                                   |
|      | zabeth C. Sargent   |  |
| (Pri | nt Name of lobbyist)  |  |